

Registration Form

Please Print All Information

[illegible]

Parent Name: _____
First _____ Last _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Local Emergency Name _____ Phone No. (____) _____

E-mail Address_____

Release of Liability & Assumption of Risk Agreement

In consideration of the acceptance of the application for entry into the classes or activities listed on the Registration Form, I hereby waive, release and discharge any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me as a result of my participation in said classes or activities.

I am aware that these classes or activities subject me to physical risks and dangers, nevertheless, I voluntarily agree to assume any and all risks of injury or death, and to release, discharge, and hold harmless all of the entities or persons mentioned above who, through negligence or carelessness, might otherwise be liable to me, or my heirs, personal representatives, next of kin, spouse or assigns.

It is understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs, personal representatives, next of kin, spouse and assigns.

I have fully read this Agreement and fully understand its content. Furthermore, the significance of this release of liability and assumption of risk agreement has been EXPLAINED TO THE MINOR.

TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR PARTICIPANTS

I have fully read this Agreement and fully understand its content. Furthermore, the significance of this release of liability and assumption of risk agreement has been EXPLAINED TO THE MINOR.

Signature of parent or guardian: _____ Date: _____

Print parent/guardian name: _____

Address: _____

Please indicate whether you are signing as: ☐ Parent ☐ Guardian

REFUND POLICY- Refunds will only be given up to 7 days before the commencement of program. Within 7 days, a refund will only be granted if vacated position is filled. No refunds will be given after program has started.

Please detach and remit
payment to:



Town of Los Altos Hills
Parks and Recreation
26379 Fremont Road
Los Altos Hills, CA 94022



I hereby authorize the use of my MasterCard or Visa account.

Print name as it appears on card _____

MasterCard or VISA # _____

Expiration date _____

Signature _____